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** FOREIGN APPLICATIONS ***** none <i>AB</i>				
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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY MN	SHEETS DRAWING 10	TOTAL CLAIMS 35 INDEPENDENT CLAIMS 6
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